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CONFIRMATION NO. 5305

<b>SERIAL NUMBER</b> 10/544,730	<b>FILING OR 371(c) DATE</b> 08/23/2006 <b>RULE</b>	<b>CLASS</b> 239	<b>GROUP ART UNIT</b> 3752	<b>ATTORNEY DOCKET NO.</b> 30931/L50116	
<b>APPLICANTS</b> Hermann Rabe, Landsberg, GERMANY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/DE04/00004 01/07/2004 ✓ <i>DLG 4/24/07</i> <b>** FOREIGN APPLICATIONS *****</b> GERMANY 20301844.3 02/06/2003 ✓ <i>DLG 4/24/07</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/11/2006</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Allowance <i>[Signature]</i> 4/24/07 Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 4743					
<b>TITLE</b> Hand-held sprayer for hose rollers					
<b>FILING FEE RECEIVED</b> 1030	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		